

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	2					
7	3					
8	4					
9	5					
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48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	12		12			
TOTAL CLAIMS	11		5			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS